

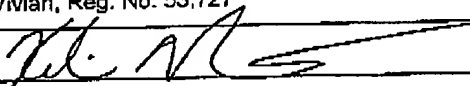
## TRANSMITTAL FORM


In re the application of: **Michael C. MORRISON**Confirmation No: **2391**Serial No: **09/733,494**Group Art Unit: **3621****RECEIVED**  
**CENTRAL FAX CENTER**Filed: **December 8, 2000**Examiner: **Kambiz Abdi****DEC 19 2005**For: **Method and System For Conducting A Transaction Over A Network**

ENCLOSURES (check all that apply)			
<input checked="" type="checkbox"/>	Amendment/Reply	<input type="checkbox"/>	Assignment and Recordation Cover Sheet
<input type="checkbox"/>	After Final	<input type="checkbox"/>	Part B-Issue Fee Transmittal
<input type="checkbox"/>	Information disclosure statement	<input type="checkbox"/>	Letter to Draftsman
<input type="checkbox"/>	Form 1449	<input type="checkbox"/>	Drawings
<input type="checkbox"/>	(X) Copies of References	<input type="checkbox"/>	Petition
<input type="checkbox"/>	Extension of Time Request *	<input type="checkbox"/>	Fee Address Indication Form
<input type="checkbox"/>	Express Abandonment	<input type="checkbox"/>	Terminal Disclaimer
<input type="checkbox"/>	Certified Copy of Priority Doc	<input type="checkbox"/>	Power of Attorney and Revocation of Prior Powers
<input type="checkbox"/>	Response to Incomplete Appln	<input type="checkbox"/>	Change of Correspondence Address
<input type="checkbox"/>	Response to Missing Parts	*Extension of Term: Pursuant to 37 CFR 1.136, Applicant petitions the Commissioner to extend the time for response for xxxxx month(s), from to .	
<input type="checkbox"/>	Executed Declaration by Inventor(s)		

CLAIMS					
FOR	Claims Remaining After Amendment	Highest # of Claims Previously Paid For	Extra Claims	RATE	FEE
Total Claims	33	33	0	\$ 50.00	\$ 0.00
Independent Claims	6	6	0	\$200.00	\$ 0.00
				Total Fees	\$ 0.00

METHOD OF PAYMENT	
<input type="checkbox"/>	Check no. _____ in the amount of \$ _____ is enclosed for payment of fees.
<input type="checkbox"/>	Charge \$ _____ to Deposit Account No. _____ (Account Holder Name) for payment of fees.
<input checked="" type="checkbox"/>	Charge any additional fees or credit any overpayment to Deposit Account No. 09-0460 (IBM Corporation).

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Attorney Name	Kelvin M. Vivian, Reg. No. 53,727
Signature	
Date	December 19, 2005

CERTIFICATE OF TRANSMISSION/MAILING	
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on December 19, 2005.	
Type or printed name	Kym Moore
Signature	

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Date: December 19, 2005

To: Examiner Kambiz Abdi  
GROUP ART UNIT: 3621

Organization: United States Patent and Trademark Office

Fax Number: ~~(703) 872-9306~~ (571) 273-8300

Telephone Number: (571) 272-7952

From: Kelvin Vivian

Re: USSN 09/733,494  
Our Ref.: 1855P

Enclosed for your review is the Amendment for the above-referenced case.

If you have any questions or need further information, please contact us.

This is page 1 of 21 page(s).

**CONFIDENTIALITY NOTE:**

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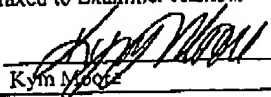
F-648

DEC 19 2005

Attorney Docket: STL920000071US1/1855P

CERTIFICATE OF FACSIMILE

I hereby certify that this correspondence is being faxed to Examiner Kambiz Abdi (571-273-8300) at the USPTO, on December 19, 2005.

  
Kym Moore

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:

Date: December 19, 2005

Michael C. MORRISON

Confirmation No: 2391

Serial No: 09/733,494

Group Art Unit: 3621

Filed: December 8, 2000

Examiner: Kambiz Abdi

For: METHOD AND SYSTEM FOR CONDUCTING A TRANSACTION OVER A  
NETWORK

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

AMENDMENT IN REPLY TO ACTION OF SEPTEMBER 22, 2005

In response to the Office Action dated September 22, 2005, please amend the  
above-identified application as follows:

A Listing of the Claims are reflected in the listing of claims which begins on page 2 of  
this paper.

Remarks begin on page 14 of this paper.